



Iowa Medicaid Newsletter Endeavors Update

A Communications Effort to Strengthen Partnerships *Fall 2014*

Terry E. Branstad, Governor
Kim Reynolds, Lt. Governor

Iowa Department of Human Services
Charles M. Palmer, Director
Julie Lovelady, Interim Medicaid Director

Want to Subscribe?

If you'd like to receive Endeavors Update, send "subscribe" along with your name, email and organization to IMENewsletter@dhs.state.ia.us.

Subscribe to frequent updates on the Iowa Health and Wellness Plan by emailing "subscribe" along with your name, email and organization to IMECommunications@dhs.state.ia.us

Inside this issue:

Iowa Marketplace Choice Plan Changes 2

Iowa Health and Wellness Plan Contribution Process 3

Medicaid Renewal Process Explanation 4

HCBS Settings Transition Plan Update 5

ICD-10 Readiness Survey Results 6

Habilitation Tiered Payments 7

Iowa Medicaid Director's Column



Welcome to the November issue of *Endeavors Update*. It's been a very busy fall at Iowa Medicaid as we move forward with important initiatives and make updates to existing programs. As many of you may have heard, the Iowa Marketplace Choice Plan has experienced some changes (see page 2 for details). We were able to successfully transition members to new coverage, and look forward to exploring ongoing options for the program.

Iowa Medicaid is also thrilled with the progress that's been made on the Healthy Behaviors program. More than 26,000 members have received a wellness exam, which is a significant improvement in use of preventive services from the former IowaCare program. A huge thanks to the provider and stakeholder community. Iowa Medicaid would not be able to achieve these milestones without the firm commitment and engagement of others. We're looking forward to the next few months of the program and seeing how many more members take an active role in their health care.

This fall, Iowa Medicaid has also continued to work on the Home and Community Based Services (HCBS) Settings transition plans. Individual plans are being drafted for all seven of the HCBS waiver programs, and those plans are being submitted when the waivers are renewed. To date, the Intellectual Disability (ID) waiver plan has been submitted, and others will follow. Iowa Medicaid needs the continued input from our partners and stakeholders to develop these plans. We've appreciated the feedback received so far, and will continue to seek comments on the plans (learn more on page 5).

Response Requested: Take Our Survey and Share Your Thoughts!

Iowa Medicaid wants to hear from you! The Endeavors Update newsletter began in 2010 to help provide our stakeholders with the news you need to interact and do business with Iowa Medicaid. After four successful years, we'd like to hear your thoughts as we work to make our newsletter best serve you.

Please take our 5 minute survey and tell us what you think. Survey responses are anonymous. Click here and take the survey now:

<https://www.surveymonkey.com/s/IMENewsletterEndeavorUpdate>

Thank you for your continued support!

Iowa Health and Wellness Plan State Plan Amendment Changes

Changes to the Iowa Marketplace Choice Plan

As announced in October, CoOpportunity Health has withdrawn from the Iowa Health and Wellness Plan, effective December 1, 2014. All 9,700 CoOpportunity members were seamlessly transitioned to the Iowa Wellness Plan.

Members received notice in the mail from both CoOpportunity and Iowa Medicaid regarding the change. Members may now seek health care services from any participating Iowa Medicaid provider. These individuals will receive fee-for-service coverage under the Iowa Wellness Plan as the state explores ongoing options.

New members to the Iowa Marketplace Choice Plan will be able to choose between Coventry Health Care or the Iowa Wellness Plan. These new members will receive information on their options in their initial enrollment packet.

Providers should continue to verify eligibility for members upon time of service. Claims for services performed for CoOpportunity members prior to November 30, 2014, should still be billed to CoOpportunity. Services after December 1 should be billed to Iowa Medicaid.

Learn more about the transition by accessing a recent [FAQ document](#), and view the [letter sent to members](#) explaining the change.

State Plan Amendment Changes

Due to the changes in the Iowa Marketplace Choice Plan, Iowa Medicaid must modify existing plan authority documents. Iowa Medicaid recently announced the public comment period relating to the changes to the Iowa Health and Wellness Plan.

By making changes to the existing State Plan Amendments, Iowa Medicaid is requesting to remove the requirement to offer two qualified health plans in the Marketplace Choice Plan. Additionally, Iowa Medicaid is requesting that Iowa Marketplace Choice Plan members be permitted to receive services through the Iowa Wellness Plan on an ongoing basis.

Public comments may be accepted in written form, or sent via email until 4:30 p.m. on December 19, 2014. Please see the [full public notice](#) document for additional information.

Healthy Behaviors Progress Update

Iowa Medicaid is pleased to report the ongoing success of the Healthy Behaviors Program under the Iowa Health and Wellness Plan. Members have been asked to complete a wellness exam and a health risk assessment to waive future monthly contributions. Throughout October, members received customized communications regarding the requirements. In addition, the provider and stakeholder community has conducted extensive outreach regarding the program, which has significantly contributed to the current success.

As of December 19, 2014:

- More than 26,000 Iowa Health and Wellness Plan members have received a wellness exam.
- More than 21,000 members have completed a health risk assessment.
- More than 12,000 members have completed both activities.

Public comment regarding the proposed State Plan Amendment changes were accepted until 4:30 p.m. on December 19, 2014. Learn more by viewing the [public notice announcement](#).

Iowa Health and Wellness Plan Members to Receive Contribution Statements

Members enrolled in the Iowa Health and Wellness Plan whose income is over 50 percent of the Federal Poverty Level (FPL) are required to pay a monthly contribution (sometimes called a premium) for their health care coverage.

Members were notified earlier this year that they could participate in the Healthy Behaviors Program to waive payment of the monthly contribution. To fulfill the Healthy Behaviors Program, members were to complete a health risk assessment and receive a wellness exam with their primary care provider. Members who complete these activities within their first 12 months of enrollment in the Iowa Health and Wellness Plan will have their contributions waived for the next year of enrollment.

Contributions for Members

Members who do not complete the Healthy Behaviors Program will begin to receive an Iowa Health and Wellness Plan billing statement after their first 12 months of enrollment. Statements for members who enrolled in January 2014 will be sent in December 2014, for their January 2015 coverage.

This statement informs the member of their contribution amount that is due. Marketplace Choice member's contribution is \$10 per month (\$120 annually) and \$5 per month (\$60 annually) for Iowa Wellness Plan members with income over 50 percent of the FPL.

Claiming Hardship

The member is also given the opportunity to claim financial hardship. Members may claim hardship by selecting a box on the payment coupon and returning it or by calling the Iowa Medicaid Enterprise (IME) Member Services Unit at 1-800-338-8366. Hardship allows the member to voice that they are unable to afford the cost of the current month's contribution. The hardship will address only the amount of the current month's contribution. Hardship cannot be claimed retroactively or prospectively. It must be claimed for the current month. A full financial hardship statement is provided on the backside of the payment coupon.

Understanding the Statement

On the first page of the billing statement the member is informed of the contribution amount and how to return it to the IME. The bottom portion of the statement, the payment coupon, has a perforation that allows for the member to detach the coupon from the statement and return it with payment. Payments that are submitted without the payment coupon risk not being processed and credited to the member's account.

Members are advised not to mail cash. The contributions may be made in the form of a check or money order, made out to "Iowa Health and Wellness Plan". There is a self-addressed postage paid envelope enclosed with the statement for the member to use when returning their contribution. Payments will not be accepted in person at any Iowa Department of Human Services location.

On the reverse side of the statement, a 12 month history of the member's contribution will allow for financial tracking and monthly updates. This allows the member to have a record of their contribution to their coverage each month.

Further information regarding the Iowa Health and Wellness Plan billing statement will be released soon. If members have questions about the content of the billing statement or have follow up questions upon receipt, please refer them to the IME Member Services Unit at 1-800-338-8366.



"We've been very pleased with the number of persons who have completed both healthy behaviors and will be able to have their contributions waived in their next enrollment year. The Medicaid providers have been an essential part of this success. We hope to see the numbers continue to rise as we near the end of the first year of the Iowa Health and Wellness Plan."

*Andria Seip
ACA Project Manager*

Medicaid Renewal Process 101: How to Renew Coverage

All Iowa Medicaid members must complete the renewal process at least once every 12 months. It is important to know that Medicaid coverage is not continued automatically. Failure to complete a Medicaid renewal will result in benefits ending. It is not guaranteed that Medicaid benefits will continue simply because the renewal form is completed. Members must still meet all eligibility requirements for the Medicaid program in order to continue for the next 12 months. Adults and children in MAGI coverage groups are issued renewal notices up to 60 days before their coverage ends. This includes coverage groups such as the Iowa Health and Wellness Plan, *hawk-i*, family-related Medicaid programs, etc. For example, if enrollment began January 2014, coverage ends December 31, 2014, and renewal is issued late October 2014.

There has been no change for other Medicaid coverage groups, such as elderly, facility or disabled. Renewal forms for these groups are currently being issued up to 30 days before their coverage ends. Each Medicaid member receives a renewal form in the mail. Included with the renewal form is a self-addressed, postage-paid envelope for returning the form. All information on the renewal form must be completed. Once the form is completed, the member needs to return the form to the address listed on the first page of the renewal form.

The member must complete and return the Medicaid renewal form to DHS, even if the original application was submitted through the Health Insurance Marketplace. Updating an account through the Health Insurance Marketplace will not automatically renew Medicaid coverage. It is important that all information on the renewal form is complete and the member has signed the last page of the form once it's completed.

Only new applications can be completed online at this time. Renewal forms should be returned to DHS by the due date on the form. Replacement forms can be requested from any DHS office. Learn more by accessing the [member](#) and [enrollment assister](#) fact sheets.

Presumptive Eligibility Training Sessions

In the first two weeks of December, the Iowa Medicaid Enterprise (IME) conducted four presumptive eligibility (PE) training sessions at different Iowa locations (Bettendorf, Des Moines, Council Bluffs and Waterloo). The training was recommended for all PE provider staff and supervisors who currently have access or are in the process of requesting access to the Medicaid Presumptive Eligibility Portal (MPEP). The training provided an overview of MPEP as well as PE policies.

The goal of the PE process was to offer immediate health care coverage to individuals likely to be Medicaid eligible, before there has been an ongoing Medicaid determination. Individuals can enroll in PE for a limited time before ongoing Medicaid applications are processed, based on a determination of likely Medicaid eligibility from an approved provider. Based only on an individual's statements regarding household income and circumstances, a PE provider can "presume" that a patient will be eligible for Medicaid.

Attendance for the PE Training Sessions was a success with up to 85% attendance out of those who registered. Feedback was provided greatly after the training sessions. The PE Training Sessions were beneficial for all who attended and very helpful.

For more information on the training sessions please contact Provider Services at 1-800-338-7909 or by email at imeproviderservices@dhs.state.ia.us.

Balancing Incentive Program (BIP) Update

The Balancing Incentive Program (BIP) is a provision of the Patient Protection and Affordable Care Act that is designed to “balance” states’ spending on long term supports and services (LTSS). Iowa began participation in the BIP in 2012 with an anticipated \$61 million in enhanced Federal Medical Assistance Percentage (FMAP) for Medicaid LTSS. The enhanced funding is intended to provide persons with greater access to home and community based services (HCBS) and reduces unnecessary reliance on institutional services. To accomplish this objective, the BIP has developed three major structural reforms for the current LTSS system:

- **No Wrong Door**
The development of a No Wrong Door (NWD) system is intended to streamline access to long term support resources and services aligned with people’s needs regardless of funding source. This implements specific steps to streamline access to services.
- **Core Standardized Assessments**
A core standardized assessment (CSA) is a tool for gathering information from the individuals in the same service population by asking a standard set of questions about basic functional skills and abilities. This improves efficiency, consistency and fairness in eligibility determination and assessments for LTSS.
- **Conflict-Free Case Management**
Conflict-free case management (CFCM) means that states will mitigate conflicts of interest in the provision of community LTSS.

For more information regarding BIP and the three major structural reforms for the Long Term Care system, please visit the [DHS website](#).

HCBS Waiver Renewals and Settings Transition Plan Update

The Centers for Medicare and Medicaid Services (CMS) required states to submit transition plans to come into full compliance with the final regulations that define settings to pay for Medicaid Home and Community Based Services (HCBS). The regulations seek to ensure that individuals receive HCBS in settings that are integrated with and support full access to the greater community. On August 27, 2014, the IME submitted to CMS the transition plan for the Intellectual Disability (ID) Waiver, which incorporated changes based on the public comments that were collected in May 2014.

The Iowa Medicaid Enterprise (IME) is preparing to submit draft transition plans for the remaining six waiver programs as well as the statewide transition plan. Comments from the public were accepted through November 30, 2014, and a series of webinars were held in November to provide updated information to stakeholders and to solicit additional public comments.

The renewal application for the Brain Injury (BI) waiver will also be submitted to CMS. The renewal application incorporates the federal requirements on person-centered planning, the setting requirements and transition plan, updated CMS service definitions for Supported Employment, Prevocational Services, and Day Habilitation. Public comments for the BI Waiver will be accepted through December 20, 2014.

More information on these initiatives can be accessed on the HCBS Settings Transition [webpage on the DHS website](#).

ICD-10 Readiness Survey Results



"We are pleased that the ICD-10 team is actively preparing the two ICD-10 test tools which will make the process more efficient and user friendly."

*Sean Bagniewski
Account Manager
Provider Services*

The Iowa Medicaid Enterprise (IME) completed its fourth survey to gauge provider readiness for implementing ICD-10 by the October 1, 2015, deadline for implementation. The result of the latest survey shows a more robust movement among providers toward planning, allocation of resources, training development, and systems upgrade.

The survey shows that approximately one third of providers will be upgrading their own systems but the majority relies on their clearinghouse or vendor to update their systems for their clients. The survey further reveals that a significant number (90 percent) of providers that are updating their own system are already engaged in the update process with more than half indicating that they have achieved between 75 -100 percent completion of their systems update. This shows a significant increase in ICD-10 implementation activity among providers compared to the average of the previous three surveys as the 2015 deadline approaches.

Of the 60 percent of providers that indicated reliance on their vendors to update their system, more than half indicated that their clearinghouse or vendor are ready for ICD-10 while only five percent indicated that their clearinghouse or vendor are not ready. This is consistent with the recent result of the Workgroup for Electronic Data Interchange (WEDI) ICD-10 vendor survey which indicated that the majority of those surveyed indicated that they will be ready to utilize ICD-10 codes by the Centers for Medicare & Medicaid Services compliance date.

The IME survey further reveals that more than half of the providers that responded do not plan to begin end-to-end testing with payers like the IME until the beginning of 2015 and that they intend to do testing between July and September 2015.

To access the results of all the IME ICD-10 Provider Readiness Surveys, please go to the [ICD-10 webpage](#) of the DHS website.

Partners for Better Health and Wellness

The latest Medicaid quarterly newsletter for members, [Partners for Better Health and Wellness](#) is now available. The fall edition shares with Medicaid members information on transportation services, the importance of reporting other health insurance, the managed health care program, and knowing when to visit the emergency room.

"Health Home Happenings"

The Iowa Medicaid Enterprise produces a regular newsletter for Health Home providers in order to share important information with Health Homes. The October edition lists new Health Home providers in the state and shares an article addressing the importance of nurses to the Integrated Health Home initiative.

Click here to read the newsletter:

https://dhs.iowa.gov/sites/default/files/HH_Provider_Newsletter_Oct14_FINAL_0.pdf

Habilitation Tiered Payment

Beginning October 6, 2014, Home Based Habilitation service providers under the Home and Community Based Services (HCBS) Habilitation program began receiving reimbursement for Home Based Habilitation services utilizing a new reimbursement methodology. These services are designed to help the member with skills and supports necessary to improve their daily functioning relative to a serious mental illness. Skills and support needs are identified in the assessment to formulate a treatment plan for services. Providers are reimbursed for services delivered based on the number of hours of service a member needs each day.

Over the next six months as a member's service authorization for Home Based Habilitation services comes due for renewal, the new tiers will be used to authorize those services. Members will be authorized to receive a specific tier of service each day for each authorization period. The tiered payment gives providers the opportunity to flex the amount of time services are provided each day to the member based on the dynamic needs of the member. If the member needs more service one day and less the next, this model accommodates that situation. The goal is to match the right amount of services with the needs of the member and promote a continuum of care with appropriate incentives for community based services.

Tier	Hours of supervision and support needed based on the member's Comprehensive Functional Assessment
Intensive III	12- 24 hours per day
Intensive II	13 to 16.75 hours per day
Intensive I	9 to 12.75 hours per day
Medium Need	4.25 to 8.75 hours per day as needed
Recovery Transitional	2.25 to 4 hours per day as needed
High Recovery	.25 to 2 hours as needed

New Provider Enrollment Application Fee for Organizational Providers

Beginning January 1, 2015, the Iowa Medicaid Enterprise (IME) will require an application fee for new organizational providers enrolling to become Medicaid providers. This application fee will also be required of re-enrolling Medicaid providers and is in line with Medicare requirements. Organizational providers will be required to pay the application fee before the application can be processed. The application fee is not required when enrolling individual providers in Medicaid or providers who have already paid the fee to Medicare, another state's Medicaid, or Children's Health Insurance Program (CHIP) but providers may be required to provide proof of payment to the IME.

If the enrolling or re-enrolling provider believes the application fee would present a significant hardship to their organization, a [Hardship Exemption Request Form](#) may be submitted. Final decision to waive the application fee will be made by the Centers for Medicare and Medicaid Services (CMS). For more information regarding this new application fee, please read [Informational Letter 1429](#).



*Rick Riley
hawk-i and Health Care
Transformation*

Iowa Medicaid Enterprise Welcomes Rick Riley

The Iowa Medicaid Enterprise (IME) welcomed Rick Riley to support the health care transformation efforts and the *hawk-i* program. Rick has worked in the health care industry for several years in various capacities where he was responsible for the underwriting of individual, small group and large group (fully insured and self-funded) businesses. Rick has previously consulted with a variety of entities in order to find ways to reduce health care expenses.

He's passionate about population health initiatives and implementing value-based strategies to move organizations (ACOs and other providers) from fee-for-service to outcome-based processes and reimbursement methods. Rick sees a collaborative opportunity for the IME to become a model nationally for its progressive approach to serving its population as well as embracing and implementing strategies to lower costs, improve quality and enhance the member's experience. Rick will report directly to Bob Schlueter, Bureau Chief of Adult and Children's Medical Programs. Please welcome Rick to the IME.

Beta Thalassemia in Iowa

Beta Thalassemia, also known as Cooley's Anemia is an unusual blood condition, which is typically not seen in Iowa. It is caused by genetic inability to form the beta subunit of normal hemoglobin. It presents clinically as a difficult-to-treat anemia, with patients requiring blood transfusions, complicated by overload of iron. Iowa has a niche population with beta thalassemia. This population is mostly Southeast Asian immigrants and those descended from recent immigrants. The majority is uninsured or is covered by Iowa Medicaid.

Since the condition is rare in Iowa, providers may not be familiar with it and may not recognize it. In addition, language and cultural barriers may make appropriate medical treatment more difficult. Patients may know their diagnosis. They may not clearly communicate it and they may not be knowledgeable about treatment options. Medicaid's involvement is primarily in elevating the provider's awareness and providing resources that may be available to help treat Beta Thalassemia. Beta Thalassemia presents as a severe anemia in early childhood with growth retardation, hepatosplenomegaly and jaundice. Later findings include skeletal deformities, infections and gallstones. Patients can easily become iron overloaded and can present with cardiac, hepatic and endocrine dysfunction as a result. They will require transfusions and should be managed with a hematologist. These patients should NOT be started on iron.

Information about Beta Thalassemia is available from the Cooley's Anemia Foundation (www.cooleysanemia.org), the CDC, and from a hematologist with experience in treating hemoglobinopathies. The Northern California Comprehensive Thalassemia Center (www.thalassemia.com) has published standard-of-care clinical guidelines. Emergency medical providers, primary care providers and hospitalists should be aware of this condition when evaluating patients with anemia.

Public Reporting Measures Now Available

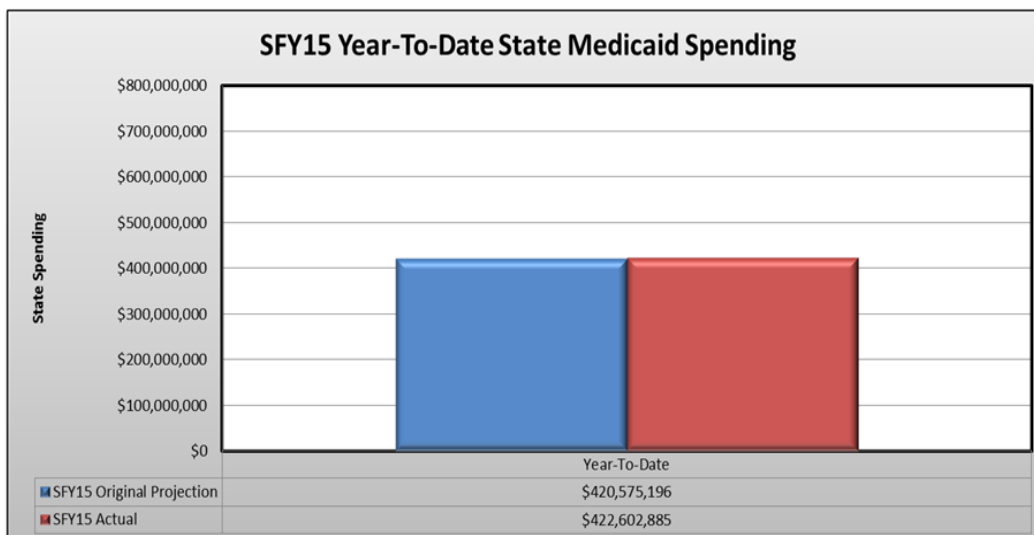
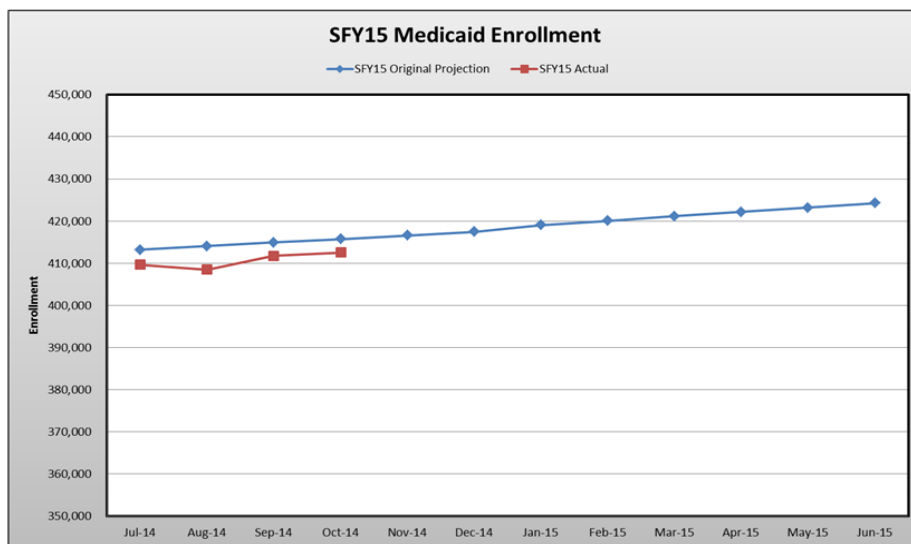
The Iowa Medicaid Enterprise (IME) Innovation and Data Analytics Workgroup has prepared a report that compiles enrollment, demographic and budget information on Iowa Medicaid members and programs. The [Public Reporting Measures](#) share data from State Fiscal Year 2013 as well as Calendar Year 2012, providing a snapshot of where the Medicaid program stands and how it compares to years past. This report is to be updated as annual data becomes available.

Monthly Medicaid Projections

The Medicaid forecasting group met in October to update the SFY15 – SFY17 Medicaid estimates. The midpoint estimates established at this meeting are provided below. These estimates include the additional costs associated with nursing facility rebasing, hospital rebasing, the home health low utilization payment adjustment (LUPA) rate update, and increases in inpatient psychiatric reimbursement rates.

Medicaid Forecasting Group Midpoint Estimates			
	SFY15	SFY16	SFY17
State Revenue	\$1,540,323,200	\$1,537,560,429	\$1,537,560,429
State Expenditures	\$1,601,323,200	\$1,739,560,429	\$1,826,560,429
Year-End Balance	(\$61,000,000)	(\$202,000,000)	(\$289,000,000)

Through October, enrollment growth is trending slightly below initial projections while state expenditures are approximately \$2 million higher than what was originally projected. Continuation of these expenditure trends will further increase the gap between projected spending and available revenue.



Informational Letters: September and October 2014

The Iowa Medicaid Enterprise publishes provider bulletins, also known as information letters, to clarify existing policy details or explain new policies. Bulletins are posted on the Iowa Department of Human Services website. The “Endeavors Update” will highlight informational letters released in the preceding months. Topics of September and October 2014 informational letters:

October 2014

- 1445: HCBS Intellectual Disability (ID) and Brain Injury (BI) Waiver Renewal Public Comment Period
- 1444: Anesthesia Reimbursement Updates
- 1443: Dental Policy Changes for Procedure Codes D2950 and D2954
- 1442: Annual Update of Hospice Rates
- 1441: Clarification of Swing Bed Requirements
- 1440: ICD-10 Testing of Claim Submission for Seamless Transition
- 1439: Increased Payment for Primary Care through Calendar Year (CY) 2015
- 1438: Specific Modifier for Distinct Procedural Services
- 1437: Respiratory Syncytial Virus (RSV) 2014-2015 Season
- 1436: HCBS Settings Transition Plan Public Comment Period
- 1435: Presumptive Eligibility (PE) Changes under the Affordable Care Act (ACA)
- 1434: Resources for Individuals with Mental Illness, Intellectual or Developmental Disability in Nursing Facilities
- 1433: Home Health Services (HHS) Program and Cost Reports
- 1432: Coverage of Screening and Brief Intervention (SBI) for Alcohol and Drug Use
- 1431: Iowa Medicaid Pharmacy Program Changes
- 1430: 2014 Provider Quality Management Self-Assessment
- 1429: Provider Enrollment Application Fee
- 1428: Submission of Approved Exception to Policy (ETP) Requests for Prescribed Drugs
- 1427: HCBS Habilitation Nonfinancial Eligibility Determinations
- 1426: ICD-9 Codes not Reimbursable as Hospice Primary Diagnosis

September 2014

- 1425: Healthy Behaviors Wellness Exam
- 1424: Low Utilization Payment Adjustment (LUPA) Methodology and Actual Charges
- 1423: Clarification on Billing for Medical and Mental Health Encounters
- 1422: HCBS Settings Transition Plan Update
- 1421: Annual Submission Requirements - Employee Policies Regarding Prevention and Detection of Medicaid Fraud and Abuse
- 1420: Intellectual Disability (ID) Waiver Off-Year Assessments
- 1419: Request for Proposal (RFP)-Money Follows the Person Community Reinvestment Initiative (MFPCRI) MED-15-016
- 1418: Iowa Medicaid Pharmacy Program Changes
- 1416: Reminder: Referring or Prescribing Providers Must Be Enrolled With Iowa Medicaid
- 1415: Claim Submission for the Health Risk Assessment (HRA)

View the complete list of informational letters by year at:

<http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins/bulletins2014>



**Iowa Department
of Human Services**

***Iowa Medicaid programs
serve Iowa's most
vulnerable population,
including children, the
disabled and the elderly.***

We're on the web!

<http://dhs.iowa.gov/ime>

Comments, Questions or Unsubscribe

Please email:

IMENewsletter@dhs.state.ia.us

The Iowa Medicaid Enterprise (IME) is an endeavor, started in 2005, to unite State staff with "best of breed" contractors into a performance-based model for administration of the Medicaid program.

The Medicaid program is funded by the State and Federal government with a total budget of approximately \$5 billion. The \$5 billion funds payments for medical claims to over 43,000 health care providers statewide.

Iowa Medicaid is the second largest health care payer in Iowa. The program is expected to serve over 800,000 Iowans, or 26 percent, of the population in State Fiscal Year 2016.

Iowa Medicaid Upcoming Events:

January 15: **Clinical Advisory Committee**
[Learn more here](#)

This update is provided in the spirit of information and education.

The Department shall not be liable for any damages that may result from errors or omissions in information distributed in this update.